



## CONTRACT AMENDMENT

DSHS CONTRACT NUMBER:  
1548-29974

Amendment No. 02

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number  
Click here to enter text.  
Contractor Contract Number

CONTRACTOR NAME		CONTRACTOR doing business as (DBA)	
Hand Dancer Interpreter Services LLC		Hand Dancer Interpreter Services LLC	
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
5320 Nielsen Ave Ferndale, WA 98248-		602-480-012	87966
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Kathleen Buckner Morris	(360) 383-2293	(360) 383-2274	kbuckmo@aol.com
DSHS ADMINISTRATION Aging & Long Term Support Admin		DSHS DIVISION Office of the Deaf and Hard of Hearing	DSHS CONTRACT CODE 8402TS-48
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS	
Berle Ross Program Manager		14th and Jefferson Street Olympia, WA 98504	
DSHS CONTACT TELEPHONE	DSHS CONTACT FAX		DSHS CONTACT E-MAIL ADDRESS
(360)339-4559			rossbee@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?			CFDA NUMBERS
No			
AMENDMENT START DATE	CONTRACT END DATE		
07/01/2016	12/31/2016		
PRIOR MAXIMUM CONTRACT AMOUNT	AMOUNT OF INCREASE OR DECREASE	TOTAL MAXIMUM CONTRACT AMOUNT	
\$0.00	\$0.00	\$0.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT CHOOSE ONE:			
<b>ATTACHMENTS.</b> When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: <input type="checkbox"/> Additional Exhibits (specify):			
This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.			
CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
	Kathleen Morris, owner		6-15-16
DSHS SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
	Berle Ross		6-23-16

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

**Purpose.** The purpose of this amendment is to extend the period of performance of this Sign Language Interpreter/Translator Services Contract.

**Period of Performance.** The period of performance of this Contract is extended for six (6) months for a new end date of December 31, 2016.

All other terms and conditions of this Contract remain in full force and effect.